

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired:
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-6-02

* 01-348

Gary M. Epstein

Latham & Watkins

555 11th Street, N.W.

Suite 1000

Washington, DC 20036

2. Article Number (Copy from service label)

0023 0771 2740

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Chris WANGA

C. Signature

X☐ Agent☐ Addressee

D. Is delivery address different from item 17

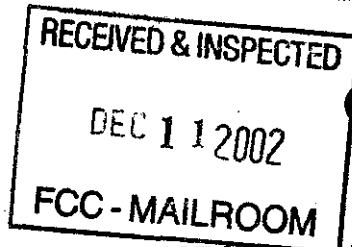
If YES, enter delivery address below:

☐ Yes☐ NO

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 01-348

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

ORDER DATED <u>12-6-02</u>
FCC <u>02M-109</u>
MIMEOGRAPH NO.

NAME: Gary M. Epstein
Latham & Watkins
555 11th Street, N.W.
Suite 1000
Washington, DC 20036

C. R. R. NO.

BY _____

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 37Certified Fee 2.30Return Receipt Fee
(Endorsement Required) 1.75Restricted Delivery Fee
(Endorsement Required)Total Postage & Fees \$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

GARY M. EPSTEIN

Street, Apt. No., or PO Box No.

555 11th STREET, N.W. Suite 1000

City, State, ZIP+4

Washington, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2740

